

BIRTH NO.

CERTIFICATE OF DEATH

REGISTRAR'S NO. 2175

17 PLACE OF DEATH 44 AND 74 IAL RESIDENCE 0238	1. PLACE OF DEATH A. COUNTY Maricopa		B. LENGTH OF STAY IN THIS TOWN 35 yrs IN ARIZONA 35 yrs		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE Arizona B. COUNTY Maricopa			
	C. CITY OR TOWN Phoenix		IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS <input checked="" type="checkbox"/>		C. CITY OR TOWN Phoenix IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS <input checked="" type="checkbox"/>			
	D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Maricopa County General Hospital				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 3634 West Lewis			
DECEDENT PERSONAL DATA 166 955	3. NAME OF DECEASED (TYPE OR PRINT) Anne		A. (FIRST) B. (MIDDLE) C. (LAST) BLANKENSHIP		4. SEX Fe.	5. COLOR OR RACE White	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Widowed	
	6B. NAME OF SPOUSE *****		7. DATE OF BIRTH MONTH DAY YEAR Sept 13 1889	8. AGE (IN YEARS LAST BIRTHDAY) 66	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) At Home	
	9B. KIND OF BUSINESS OR INDUSTRY *****	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Colorado	11. CITIZEN OF WHAT COUNTRY? U. S. A.	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) *****	13. SOCIAL SECURITY NO. *****			
CAUSE OF DEATH (ITEM 18)	14A. FATHER'S NAME (Unknown) Duvalle		14B. BIRTHPLACE (STATE OR COUNTRY) France		15A. MOTHER'S MAIDEN NAME Unknown		15B. BIRTHPLACE (STATE OR COUNTRY) Unknown	
	16. INFORMANT'S SIGNATURE ADDRESS Mrs. Helen Thornton, 3634 W. Lewis, Phoenix				17. DATE OF DEATH (MONTH) (DAY) (YEAR) September 23 1955			
	18. CAUSE OF DEATH ENTER ONE OF THE CAUSES PER LINE FOR (A), (B), (C). THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) Gastritis with massive leakage of gastric contents into peritoneal cavity DUE TO (B) Perforated duodenal ulcer DUE TO (C) II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.					INTERVAL BETWEEN ONSET AND DEATH
PERATIONS, AUTOPSY	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
MEDICAL RTIFICATION	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Sept. 20, 1955, to Sept. 23, 1955, THAT I LAST SAW THE DECEASED ALIVE ON Sept. 23, 1955, AND THAT DEATH OCCURRED AT 1:55 p.m. FROM THE CAUSES AND ON THE DATE STATED ABOVE.							
	22A. SIGNATURE (DEGREE OR TITLE) Paul R. Murphy, M.D.		22B. ADDRESS Maricopa Co. Hospital, Phoenix			22C. DATE SIGNED 9-24-55		
DEATH DUE TO EXTERNAL VIOLENCE	23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY)		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		23C. (CITY OR TOWN) (COUNTY) (STATE)			
	23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23F. HOW DID INJURY OCCUR?			
CORONER'S RTIFICATION	24A. CORONER'S SIGNATURE				24B. ADDRESS		24C. DATE SIGNED	
	25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE Sept. 27, 1955		25C. NAME OF CEMETERY OR CREMATORY St. Francis Cemetery		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Phoenix, Arizona	
FUNERAL DIRECTOR AND REGISTRAR	26A. DATE REC. BY LOCAL REG. 9/26/55		26B. REGISTRAR'S SIGNATURE Paul R. Murphy		27A. FUNERAL DIRECTOR'S SIGNATURE M. L. Murphy		27B. ADDRESS 330 N. 2nd Ave.	